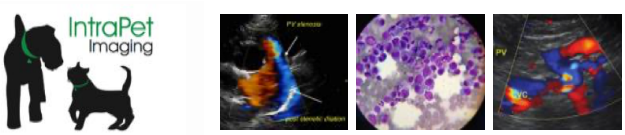
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/9/23

PATIENT

Pharoah Fidler

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7/8/2016

WEIGHT

6.3 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Snyder

INVOICE

14911

PRESENTING CLINICAL SIGNS

Icterus, weight loss.

Current Medications: cerenia, clavamox, ursodiol.
Lab Results: Elevated GGT, anemia, low platelets, high globulins - 11.1 Tbili, mass and dilated bile ducts on POC AUS.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Ingesta/chyme within the bowel obscures visualization of portions of the abdomen. Therefore, some pathology may be missed.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A moderate to large amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal.

The left kidney is normal size (4.78 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.02 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is minimally distended. The wall is diffusely thickened (0.18 cm). Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely distended with ingesta, gas and chyme. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is diffusely distended with chyme, obscuring visualization of portions of the abdomen. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas
A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.65 cm in length.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, normal variation, or other hepatopathy.
- Trace ascites.

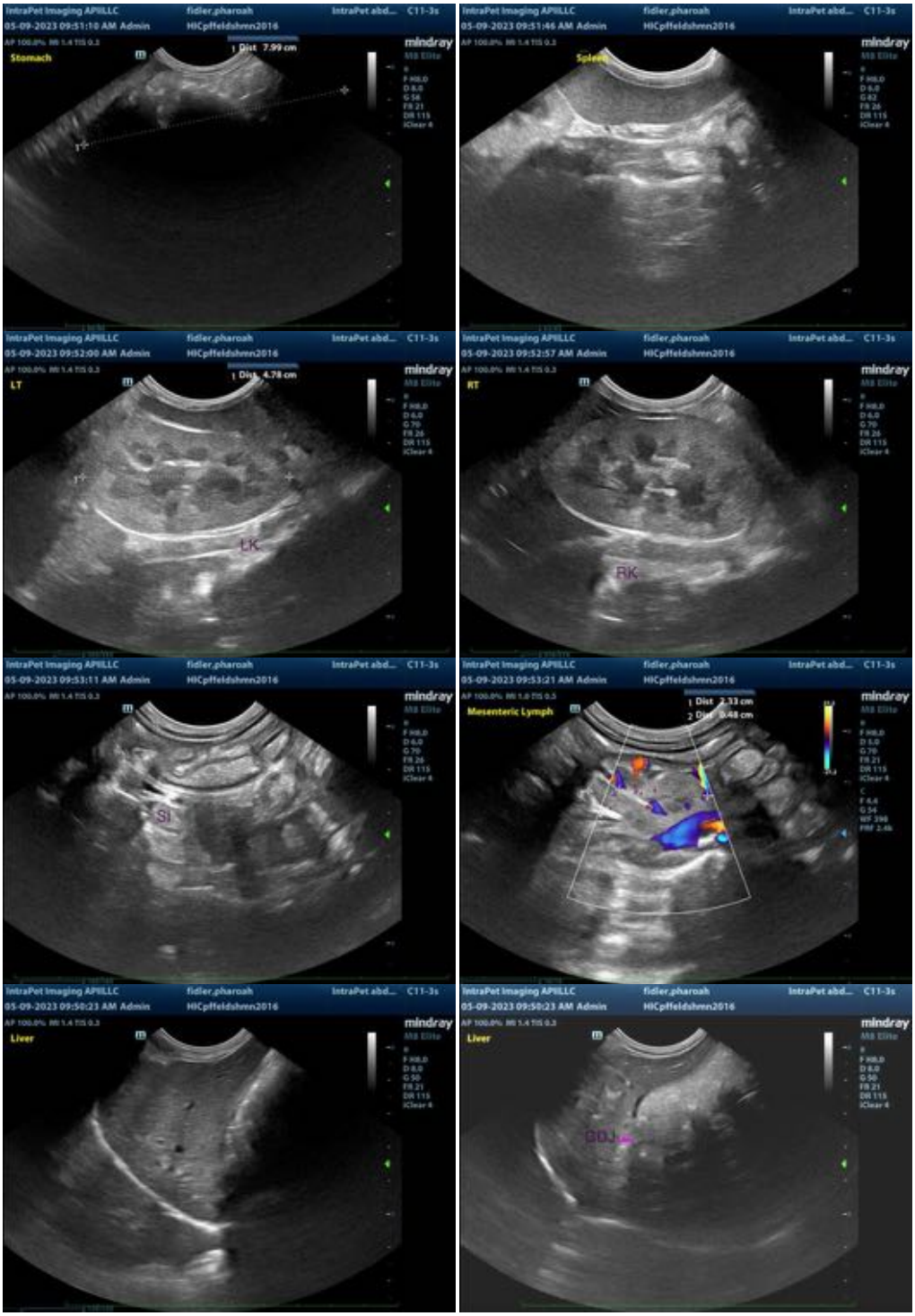
Secondary Findings:

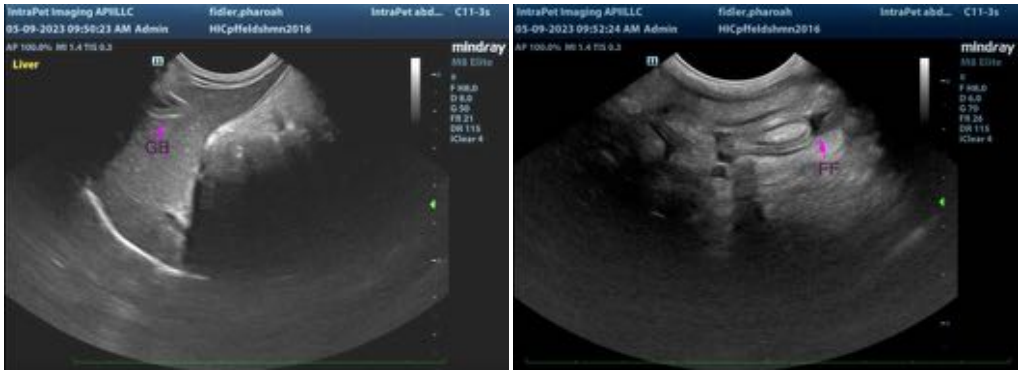
- Mild bilateral, chronic renal changes.
- Urinary bladder debris.
- The gallbladder wall thickening may be artifactual due to lack of full repletion or may be secondary to cholecystitis and/or benign age-related hyperplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the severe hyperglobulinemia, consider the following:

1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
2. Serum protein electrophoresis. If a monoclonal gammopathy is present, a bone marrow aspirate may be warranted to assess for neoplasia (i.e., multiple myeloma, lymphoma).
3. Whole body radiographs may be useful in evaluating for bony lesions that can be associated with multiple myeloma.
4. If the patient spends time outdoor, consider a vector-borne disease panel.


IntraPet Imaging APIILLC
fidler.pharoah
IntraPet abd...
C11-3s
05-09-2023 09:51:10 AM Admin
HICpffeldshmn2016
Stomach
1 Dist 7.99 cm
mindray
05-09-2023 09:51:46 AM Admin
Spleen
05-09-2023 09:52:00 AM Admin
LT
1 Dist 4.78 cm
LK
05-09-2023 09:52:57 AM Admin
RT
RK
05-09-2023 09:53:11 AM Admin
SI
05-09-2023 09:53:21 AM Admin
Mesenteric Lymph
1 Dist 2.33 cm
2 Dist 0.48 cm
05-09-2023 09:50:23 AM Admin
Liver
05-09-2023 09:50:23 AM Admin
Liver
GDJ



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com